

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0168
Expires 11-30-2006

This report is mandatory under P.L. 85-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 436 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|--|--|
| 1. File Number U- 9815 | 2. Fiscal Year Covered From: 1/1/05 Through: 12/31/05 |
| 3. Name and address of person filing. Name MICHAEL L VAUGHN P.O. Box, Bldg., Room No., if any PO Box 761 Street City PADUCAH KY State KY ZIP Code - 4 42002-0761 | 4. Name, file number, and address of labor organization. Name LABORERS LOCAL 1214 Labor Organization File Number 006072 P.O. Box, Building and Room Number, if any PO Box 761 Street City PADUCAH KY 42002-0761 State KY ZIP Code - 4 42002-0761 |
| 5. Position in labor organization. | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

| | |
|---|--|
| 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code - 4 | 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. |
|---|--|

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Michael L Vaughn

On

5-04-06 **270 442-3434**
Date Telephone Number

Name of Person Filing

MICHAEL L. VAUGHN

File Number U-

006072

E. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name KY LABORERS TRAINING FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2000 BY PASS SOUTH

City LAWRENCEBURG

State KY

ZIP Code + 4 40342

11.a. Nature of such dealing.

MEALS PURCHASED BY TRAINING
FUND FOR CALENDAR 2005
YEAR

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

\$413.24

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

a. Labor Organization

c. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

NAME KY LABORERS EMPLOYERS
COOPERATION + EDUCATION TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1998 BY PASS South

City LAWRENCEBURG

State KY

ZIP Code + 4 40342

11.a. Nature of such dealing.

MEALS PURCHASED BY LEGET FUND
FOR CALENDAR YEAR
2005

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

\$32.74

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.